



Financial Services Group

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**Medicare Secondary Payer (MSP) Mandatory Reporting Provisions Section 111 of the Medicare, Medicaid, and SCHIP Extension Act (MMSEA) of 2007
(See 42 U.S.C. 1395y(b)(7)&(b)(8))**

Technical Alert: Group Health Plan (GHP) Reporting Change for Prescription Drug Coverage Information under the Substance Use-Disorder that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act

Currently the MMSEA Section 111 GHP reporting process includes the option to exchange primary prescription drug coverage information, in order to coordinate benefits related to Medicare Part D. Under Section 4002 of the SUPPORT for Patients and Communities Act, GHP Responsible Reporting Entities (RREs) will be required to report primary prescription drug coverage information beginning January 2020.

There are no changes required to the Section 111 file layout to accommodate this change. GHP RREs that are currently reporting primary prescription drug coverage will see no change. GHP RREs who are not currently reporting primary prescription drug coverage can review the available information regarding reporting primary prescription drug coverage with the existing reporting record layout in the MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting [GHP User Guide](#) (Version 5.4).

CMS will be hosting a webinar on April 18th, 2019 to address this change. Full webinar details will be posted to the Mandatory Insurer Reporting for Group Health Plans [What's New](#) page in the near future. For questions regarding Section 111 Reporting and the SUPPORT for Patients and Communities Act please utilize the Section 111 Resource Mailbox PL110-173SEC111-comments@cms.hhs.gov.